Flu Immunization Assessment

In an effort to vaccinate high-risk individuals, in accordance with the Maine DHHS, Bureau of Health recommendations, certain factors and medical conditions have been identified that place you at high risk for developing complications from the flu. You must answer yes to one or more of the following questions to be considered for the flu vaccine at this time. **If you are not considered high-risk, you will *not* be vaccinated at this time**. Please check a box for each numbered question and fill out the information below.

For Children 6months -18 years old:

1.	Is your child between the ages of 6 months and 23 months?	☐ **YES**	☐ **NO**
2.	Is your child receiving long-term aspirin therapy?	☐ **YES**	☐ **NO**
3.	Does your child have any of the following chronic illnesses: - Asthma or severe heart, lung, or kidney disease - Diabetes mellitus	☐ **YES**	☐ **NO**
4.	Does your child have any of the following diseases that affect the immune system: - Cancer - in chemotherapy - Leukemia - AIDS/HIV - Prior spleen removal - Any other immunity problem	☐ **YES**	☐ **NO**

For Adults -18 years and older:

5.	Are you pregnant?	☐ **YES**	☐ **NO**
6.	Are you 65 years or older and in fair or poor health?	☐ **YES**	☐ **NO**
7.	Do you live in a nursing home or chronic care facility?	☐ **YES**	☐ **NO**
8.	Do you have any of the following chronic illnesses: - Severe heart, lung, asthma, or kidney disease - Diabetes mellitus	☐ **YES**	☐ **NO**
9.	Do you have any of the following diseases that affect the immune system: - Cancer - in chemotherapy - Leukemia - AIDS/HIV - Prior spleen removal - Any other immunity problem	☐ **YES**	☐ **NO**

Print Name: _____

Signature: _____ Date: _____

Practice/Clinic: _____